

Use this form or download a fillable form here - <https://dacaonline.org/forms/>
Or, you may entirely apply and pay online here - <https://dacaonline.org/membership-application/>

NOTE: Please fill in and return this form with your payment.

Member Information

Membership Type ☐ Corporate (primary representative: _____)

(check one): ☐ Individual

Applicant's Name: _____

Organization: _____

Asset Size: _____

Street/P.O. Box Address: _____

City, State, ZIP Code: _____

Work Phone No.: _____

E-mail Address: _____

Job Title/Function: _____

Compliance Certifications: _____

Primary Regulator: _____

MEMBERSHIP DEFINITIONS & DUES

- ❖ Each financial institution or industry-related service organization may have one Corporate Membership with one person designated as the primary representative. This person holds voting privileges on any DACA business.
All employees of the Corporate Member may attend meetings at the member price.
- ❖ Individual Members also have voting rights and pay the member rate for meetings. Individual Members must be Compliance Professionals at a financial institution or industry-related service organization.
- ❖ Corporate Membership Annual Dues: \$315 USD, Individual Membership Annual Dues: \$135 USD

REMITTANCE DETAILS – IF NOT APPLYING AND PAYING ONLINE

1. Please make check payable to: **DALLAS AREA COMPLIANCE ASSOCIATION**
2. Mail **Membership Application** and **Check** to: **Harmony Bank**
ATTN: Amy Thorpe
909 S. Clay St.
Ennis, TX 75119

Total enclosed: _____

SIGNATURE: _____

Rev. 7/10/2026